

DEPARTMENT OF HEALTH PROFESSIONS
6603 WEST BROAD STREET • FIFTH FLOOR
RICHMOND, VIRGINIA 23230

INSPECTION SUMMARY

BOARD OF _____

FACILITY NAME
FACILITY PERMIT NUMBER
ADDRESS
PERSON IN CHARGE

THE FOLLOWING CONDITIONS HAVE BEEN DEEMED TO BE DEFICIENCIES BY THE INSPECTOR

1	LAW / REGULATION
DEFICIENCY	
2	LAW / REGULATION
DEFICIENCY	
3	LAW / REGULATION
DEFICIENCY	
4	LAW / REGULATION
DEFICIENCY	

BY _____	INSPECTOR, DEPARTMENT OF HEALTH PROFESSIONS	_____	DATE
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I HEREBY ACKNOWLEDGE THAT THE DEFICIENCIES CITED AND RELATED LAWS / REGULATIONS HAVE BEEN FULLY EXPLAINED TO ME AND THAT I HAVE RECEIVED A COPY OF THIS INSPECTION SUMMARY.	
_____	LICENSEE ON DUTY
_____	DATE

RESPONSE TO INSPECTION SUMMARY

PLEASE PROVIDE A WRITTEN RESPONSE IN THE SPACE BELOW AS TO THE STEPS TAKEN TO CORRECT THE DEFICIENCIES NOTED IN THE INSPECTION SUMMARY. FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 14 DAYS MAY RESULT IN DISCIPLINARY ACTION BEING INITIATED BY THE BOARD. CORRECTION OF THE DEFICIENCIES BY THE LICENSEE DOES NOT PRECLUDE THE POSSIBILITY OF DISCIPLINARY ACTION BY THE BOARD FOLLOWING APPROPRIATE NOTICE AND OPPORTUNITY FOR A HEARING.

GENERAL COMMENTS:

CORRECTIVE STEPS TAKEN:

1	
2	
3	
4	

SIGNED	_____	_____	DATE
BY	LICENSEE IN CHARGE	_____	DATE

UPON COMPLETION, MAIL ENTIRE WHITE COPY TO THE BOARD OFFICE IN THE ENVELOPE PROVIDED AND RETAIN ENTIRE YELLOW COPY FOR YOUR RECORD.

PAGE: _____

RESPONSE TO INSPECTION SUMMARY (CONTINUED)[illegible][illegible]